

Draft Delinquency Plan Based on HEA1001 For Use When Child Placed Outside of Home in D.C.S. Paid Placement 7.1.2008

	A. Case Identification							
Name of Child	DOB	County Name	ıe	Cause Number	Date of Child's First Placement	Date of Dispositional Decree (Attach)		
Individuals consulted t	<u> </u>	 ¹ase Plan: (Mr	ust inc	Lude (1) fost	ter parent or caret:			
Name:	o develop e	430 I Iuii. (111a	Rol	· ^	or puront or cureu	IKCI)		
1.			1. /					
2.			2.(2.				
3.			3.					
-								
				revent Remov				
Describe the services t			to pr	revent remov	al of the child fro	m the home, i.e. prior		
Informal Adjustment,	Home Deter	ntion, etc.	<u> </u>	+	<u> </u>			
		\leftarrow						
				70	<u> </u>			
2-1		\rightarrow		Information		- 2-1		
Name of Placement	+	Address of Pl	lacem	ient		Date of Placement		
TC 1 1 rept is loc	14 do	CT 1:272 04	1-	fallow	•			
If the placement is loca						: 10		
1. Has the written app	roval of the	D.C.S. Direct	No		281gnee Deen Teces	ived?		
2. If no:			110					
a. Is the Facility within	n 50 miles c	of the county c	or resi	idence of the	child?			
u. 15 the Lating	11 50 11115	T the county .	/1 15	donoc of the	Cilita .			
b. Explain the reasons	why a com	parable placer	ment '	within Indiar	na is not available	•		
Is this placement the le or guardian?	east restrictiv	ve family like	settin	ng that is in c	lose proximity to	the parent, custodian		
Yes			No					
If Yes: How?								
Was consideration give	en to suitabl	le/willing relat		_				
Yes			No					
If Yes: Who, with deta								
Please explain the appropriateness of this placement based on the child's special needs and best interest								
D. Permanency Plan								

Choose from: Reunification	Adoption, Guardia	nship, Placement	with a Fit and Willing Relative,					
Alternative Planned Living Arrangement. If more than one plan is identified, list plans in order of								
preference. If the child is 16 years of age or older, include a written description of the programs and								
services which will help such child prepare for the transition from foster care to independent living; or,								
describe why such a plan is not appropriate.								
Plan:								
Estimated Date for Permanency Plan:								
Date of Permanency Plan Court Hearing:								
E. Rehabilitative Services Recommended								
Is there a Parental Participati	on Order? Yes	s No [
If yes, please describe servic	es ordered.							
For Parents/Guardians/Caret		ding efforts alread	dy made to provide services:					
Efforts Already Made:								
Begin Date	End Date		Provider					
Outcomes:								
Services Recommended (edu	cational, provision	of necessary cloth	ing and supplies, medical and dental					
care, counseling and remedia	tion or other as ider	tified in this plan); <i>></i>					
Begin Date	\sim	End Date						
			96					
Efforts to be made to provide	the services ordere	d by the court:						
F. Education								
School Status: Full-Time Part-Time None								
Name of School:								
Address of School:								
Current Performance Level i	n School Including	Any Learning Nee	eds:					
Special Needs Designation (if applicable):								
Most Recent Individualized Education Plan date (if applicable):								
G. Health								
Please attach all available health records and summarize the health status of the child.								
H. Visitation Arrangements for Parent/Guardian/Custodian								
Is a visitation plan in place: Yes No								
Please describe:	100	110						
Tieuse deserree.								
I. Acknowledgement/Agreement of all Parties								
I am aware of the reason for wardship and/or placement of the above-named children.								
I have reviewed the Case pla	• • •	—	not agree					
Parent/Guardian/Custodian	Review Date	Signature Date	Signature					
Tarong Guardian/Custodian	TO TOW Date	Signature Date	Signature					

J. Case Plan Review							
After completion of the initial case plan within the first 60 days, the case plan must be reviewed and							
updated by the probation department at least once every one hundred eighty (180) days.							
Date of 1 st Review:							
Date of 2 nd Review:							
(Include additional review dates if appropriate).							
Date of Next Review:							
K. Curre	ent Circumstand	ces at each 180 days					
Have the parent, guardian or custodian	's addresses ch	anged? Yes No No					
If yes, please provide:		γ					
	have been any	changes since the last report. If there are none,					
check the N/A box.	$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$						
Child's earned or unearned income or	any other type	of funds from any source? N/A					
Parents earned or unearned income or	any other type	of funds from any source? N/A					
		(III)					
Copy of the	Case Plan (No	tification) delivered to:					
Child's Mother	Date:						
		Hand Delivery First Class Mail					
Child's Father	Date:						
		Hand Delivery First Class Mail					
Child's Guardian/Custodian	Date:						
		Hand Delivery First Class Mail					
Agency with Legal Responsibility	Date:						
		Hand Delivery First Class Mail					
Department of Child Services	Date:	Electronically					
		Hand Delivery First Class Mail					
Probation Officer's Signature:							
m 1 g							
Typed Signature:							
Date:							

*Please send to: **D.C.S. Probation Services Coordinator**

302~W.~Washington~Street~Room~E306-MS~47

Indianapolis, IN 46204-2739

Or email: Paula Buchanan at: Paula.Buchanan@dcs.IN.gov

^{*}Please retain a signed copy for the probation records.